PTO/SB/21 (01-08) Approved for use through 05/31/2008. OMB 0651-0031

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TRANSMITTAL	Application Number	13/821 427			
TRANSMITTAL	Filing Date	9 April 200 F			
FORM	First Named Inventor	Deceale Jain			
	Art Unit	1615			
	Examiner Name	7: 64. 0: X D			
(to be used for all correspondence after initial filing)	Attorney Docket Number	Isis Ghafi, M.D. DEE-ROUI-CP			
Total Number of Pages in This Submission		DEC-ROI-CP			
1 pistcard and churt ENCI	LOSURES (Check all	that apply)			
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Status Letter Other Enclosure(s) (please Identify below): Professor Check			
	OF APPLICANT, ATTOR	RNEY, OR AGENT			
Firm Name Kw Taha, logy for	~ Gmp				
Signature X - Oan	<u> </u>				
Printed name	,				
Vanix M. Ch	am Sas				
Date 16 May 2008		leg. No. 343/			
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on					
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Typed or printed name Daniel M.	Chem dos	Date 16 Man 2008			

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Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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(\$)	11/	5.	ci

Complete if Known					
Application Number	10/821, 927				
Filing Date	9 101/2004				
First Named Inventor	Oceant Jain				
Examiner Name	Gholi, I.				
Art Unit	1615				
Attorney Docket No.	DEE-2501-CP				

METHOD OF PAYMEN	T (check al	that apply)						_
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: Deposit Account Name:								-
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any a	additional fee	(s) or underpaym	ents of fee(s) Credi	it any overpay	ments		
under 37 CFI WARNING: Information on thi	R 1.16 and 1.	.17					ovide credit card	
information and authorization			iit Card iiiiOiii	iation snould i	iot be iliciaaea	On una torna. I I	Ovide credit card	
FEE CALCULATION								
1. BASIC FILING, SEAI	RCH, AND	EXAMINATION	FEES		. .			
	FILING		SEARCH			TION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65	<u> </u>	
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0	-	
2. EXCESS CLAIM FE	ES						Small Entity	
Fee Description	ا المسالي ماني م	-i)				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each claim over 20 (Each independent cla			1100)			210	105	
Multiple dependent of		including Keiss	ues)			370	185	
Total Claims		Extra Claims Fee (\$) Fee Paid (\$)				Multiple Dependent Claims		
20 or HP =					Fee (\$)	Fee Paid (\$)		
HP = highest number of tota	•	. •						
Indep. Claims - 3 or HP =	Extra Clair		Fee Pa	iid (\$)				
HP = highest number of inde	pendent claims	x _ s paid for, if greater t	than 3.					
3. APPLICATION SIZE		1100 1		(1 Y	1	C1 1		
If the specification and								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Shee	<u>ets Numb</u>	<u>ér óf eách a</u>	dditional 50	or fraction the		(\$) <u>Fee Paid (\$)</u>	
- 100 =	-		. (1	ound up to a	whole number	r) x	=	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	1	
Other (e.g., late filing surcharge):						1115. 00		
	}							=

SUBMITTED BY

Signature

Registration No. (Attorney/Agent)

Name (Print/Type)

Registration No. (Attorney/Agent)

Date 16 May 2 cut

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